mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. LY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	13
1. PLACE OF DEATH		+ 182 · · · · · · · · · · · · · · · · · · ·	
County Mues	sl)	Registration Dist. No. 26 &	
Village or City CHANCE	MÐ:	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where death or			ds.
2. FULL NAME Just	and of M	murist Flossel Birens	
(a) Residence: No.		St., Ward.	
	Usual place of abode)	If nonresident give city or town and State	on comme
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
F 13 01	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  APR 6 1935 193  (Month) (Vear)	
5a. tf married, widowed, or divorced HUSBANO of (or) WIFE of		APR 4 1935 19 19 1935 1935 19	rom
6. DATE OF BIRTH (month, day, and year)	1935	I last saw h alive on, 19, 19; death Is	said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	_
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Oste of on	aet
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		The base of the same of the sa	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BtRTHPLACE (city or town) GHANCE (State or country)	, MD.	Other Contributory Causes of importance:	
II 13. NAME Morris 13	Burens		
13. NAME NOW 12  14. BIRTHPLACE (city or town) State or country)	E, MD.	Name of operation	
IS MAIDEN NAME SANAN	Gerald	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) - 15. MAIDEN NAME  (State or country)	MD.	23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19,  Where did injury occur?,	
17. INFORMANT Following Schooling Schooling	Berins	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	<u> </u>	Manner of injury	- 00 - 00 - 00
Place OF ANCE LAD Dat	april 6,1935	Nature of Injury	
19. UNDERTAKER Fired 9. J. (Addiess) Seals Sale	rebatis	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILED april 6, 1955 12000	Webster Registrar.	(Signed) (Address) CHANCE, MD	4. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

• Example I	e de communicación de la c	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

LION

M

19. UNDERTAKER None (Address)

20. FILED May

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods County Somerset Registration Diet No. Village or City Ewel Jo PHYSICIANS Length of residence in city or town where death occurred \_\_\_\_\_yrs.\_\_\_\_mos. statement Stillborn Bradshaw, T 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT Male White EXACTL classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE If LESS than Months Days stated 1 day, .... hrs or\_\_\_\_min. 8. Trade, profession, or particular kind of work done, as SPINNER, PATION Jo SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, should it may on back OCCUF SAW MILL, BANK, etc .... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this so that instructions UNFADING 12. BIRTHPLACE (city or town) \_\_\_ EWell \_\_ Md (State or country) in plain terms. FATHER Will Roy Bradshaw 13, NAME See 14. BIRTHPLACE (city or town) Ewell. Md. (State or country) should be carefully MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town). (State or country) Twlerton very (Address) CAUSE OF 18. BURIAL, CREMATION, DR REMDVAL -WRITE mation

No. St., Ward at a cocurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
in #1
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
April 16 (Month) (Day) (Year)
2. I HEREBY CERTIFY, That I attended deceased from 19
to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
STILLBIRTH
Carses mut Roman
Other Contributory Causes of importance:
Name of operation
What test confirmed diagnosis? Was there an autopsy?
3. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury19
Where did injury occur?
(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Manner of injury
Nature of injury.
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M.D.
(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

SIE

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	***	Other contributory causes of importance:	
Gallstones	May 1, 1998		1 year
141:3	MAR	/	
See letter f	DR FURTH	ER STATEMENTS BY PHYSICIAN	35

# MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

- 4		9	4			
-1	41	1		Ŧ.	1	. 1

1	. PLACE	OF DEAT	Н			18		
	County	Somers	et				stration Dist. No2	
	Village or	City	Ewell.		/15	No.  death occurred in a hospital or institution, give in the death occurred in the hospital or institution, give in the death occurred in the hospital or institution, give in the death occurred in the hospital or institution, give in the hospital or institution or institution.	St.,	Ward
	Length of r	esidence In city	or town where	death occurrod	yrsmos	death occurred to a norphial or institution, give to	birth? yrs	_mos,ds.
2	. FULL N	AME	Stillb	orn Brad	ishaw, I	win #2		
	(a) Resid	ence: No		(Usual place	of abode)	St., Ward.	nnesident give city or town	and State
	PERSC	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFI	ICATE OF DEATH	1
	Male		or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)	April 16	193 5 (Year)
5a.	If married, wid HUSBAND of (or) WIFE of		ced			22. I HEREBY CER	RTIFY, That 1 atten	
	DATE OF BIRT			pril 16	,	l last saw h alive on	., to, 19	
7. /	AGE	fears	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH and rela were as follows:		Date of onest
	9. Industry of work SAW M	ountry)	ER, etcwhich LK MILL, c. c. ed at th and	sper		STILLBIRTH  Cansa and I	Known	
FATHER	14. BIRTHPLA		87	l, Md.		Name of operation	Date of	
ER	15. MAIDEN	NAME Rut	h Smit	h	F.,	23. If death was due to external causes (VIOL		
MOTHER	16. BIRTHPLA (Stete	CE (city or tow or country)	Tyler	ton, Ild	•	Accident, suicide, or homicide? Where did injury occur?	Date of injury	
17.	INFORMANT (Address)	Mrs	Aaron	G. Evan	8	Specify whether injury occurred in INDUSTR	RY, in HOME, or in PUBLIC	PLACE.
18.	PlaceE			Date	, 19	Manner of injury		
19.	UNDERTAKER (Address)	lvo	ne			24. Was disease or injury in any way related  If so, specify	to occupation of deceased?	
20.	FILED Ma	, 19	35 Ca	rrie Ki	tching Registrar.	(Signed) (Address)	Whous	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	102 NOO 1039	
OR FURCH	ER STATEMENTS BI BHISICIAN	
ut 6-5-	KEOUN	
	1915 1921 July 5,1927 May 1,1923	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis

Exact statement of OCCUPA-

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Nomesont	Registration Dist. No. 264
Village or City to word- John.	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
71 - 1 - 11	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME None Stillown	Contract
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	hughown 193V
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
	, 19, to, 19, 19
5. DATE OF BIRTH (month, day, and year) april 16, 1935	I last saw h; deeth is said
AGE Years Months Days If LESS than day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:  Detaofonset
8. Trade, profession, or particular kind of work done, as SPINNER,	10
SAWYER, BOOKKEEPER, etc	Mul Dona -
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	January
	Other Coutributory Causes of importance:
(State or country)	
13. NAME Colores Carllin	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME / Clearch Class	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country) Commerced (4. 2m)	Where did injury occur?
7. INFORMANT Modeling	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tomerament - mil	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The Date 19	Nature of injury
9. UNDERTAKER TOTAL	24. Was diseese or injury In any way related to occupation of deceased?
(Address)	If so, specify
O. FILED CIFU L9, 1935 J. E. Dickinson	(Signed) M. D.
Revistrar.	(Actives)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related canses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	467
1. PLACE OF DEATH	- (130 b /	
County & progresof	Registration Dist. No. 264	4
Village or City Westower	No. St.,	Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
Length of residence in city or town where death occurredQ_Lyrsmos.	ds. How long in U.S. if of foreign birth? yrs, mos.	ds.
2. FULL NAME Jebrge Openin Goll	ins.	
(a) Residence: No. Obest due TI Q. (Usual place of abode)	St., Ward.  If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Col  Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH Abril (Day)	193 5 - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	ceesed from
6. DATE OF BIRTH (month, day, and year) Month + day unbrown	I last saw h. com alive on April 2 1936	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	00011110 3010
8. Trade, profession, or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL,		2/8 A5-
SAW MILL, BANK, etc.  Date deceased last worked at Alex this occupation (month and spent in this	Chromie Josterstital Nobrit	2
12, BIRTHPLACE (city or town) History	Other Contributory Causes of importance:	
(State or country) Dad	Urae mieu	3/2/35
# 13. NAME Peter Collins		17
14. BIRTHPLACE (city or town) Historic (State or country)	Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NAME Jeah Collins	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME For Collins  16. BIRTHPLACE (city or town) History  (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Aus Fydia Collins (Address) History	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18. BURIAL, CREMATION, OR REMOVAL Place Livilis Perfel Date Chief 7 1935	Manner of injury	
O a Ba. Marada Ca.	Nature of injury	
19. UNDERTAKER JUTMIN ACCAST AU	24. Was disease or injury in any way related to occupation of deceased?	
(Address)/ Chiffield The	If so, specify	
20. FILED LIPUT 3 , 19 35 - 9, 6, DICKINSON	(Signed) Clark d. allower	<b>○</b> M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

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	1	-	w	

1. PLACE OF DEATH	(95-8)	
County Somewet low	Registration Dist. No. 260	
Village or City Eden and	No. St., W.  If death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	os. ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Sattle Gamish		
(a) Residence: No. 6 de Cusual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Constant of the
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 (Month) (Day) (Yoar	-
Ja. If married, widowed, or divorced HUSBANO of (or) WIFE of Scrowe Comman	22. March 11 1936 to Porch 12 193	
6. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs  ormin.	were as fellows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Space Spark Disease Con	onset -
12. BIRTHPLACE (city or town) Edun, (Stete or country)  13. NAME Frank Harry	Other Coutributory Causes of importance:  Name of operation. Prona Oate of	
(State of country)	What test confirmed diagnosis? Clusic Was there an autopsy?	60
15. MAIOEN NAME (const Waters  16. BIRTHPLACE (city or town) Eden, McC  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	
17. INFORMANT Hranks Gornish (Address)	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Flowerfill Con Date Cafe 14, 19.3.	Manner of injury	
19. UNDERTAKER for Policy of California and	24. Wes disease or Injury in any way related to occupation of deceased? 16 so, specify	
20. FILED 413, 193V - The State Registrar.	(Signed) (Address) Allis Villy Mil.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriösclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

	MARYLAND-	CERTIFICATE OF DEATH
County Village or City De Cristian	2. R.D.	No Maccardy Hrof Coffice Str. Wa
Length of residence in city or lown where deat		If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. il of foreign birth?
2. FULL NAME  (a) Residence: No.	Danis	St. Ward.
(a) hesitience. No.	(Usual place of abode)	If nonresident give city or town nod State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. Thul 5a. If married, widowed, or divorced	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Oay)  (Year)
HUSBANO of (or) WIFE of Spark		22. I HEREBY CERTIFY. That I ettended deceesed In
6. DATE OF BIRTH (month, day, and year)	7 8.30	l last saw h alive on
7. AGE Years Months	Oays If LESS than I day, /2 hrs. ormin.	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one.
SAW WILL BANK PIC	ne	Cerebal Hormstopi
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:  - Andrews Lober - Occupted Order Gause prints
13. NAME Confined So	2	Name of operation Oete ol
(State or country)	•	What test confirmed diagnosis? Was there en eu!opsy?
15. MAIDEN NAME Margariz C	orber	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marjou 2 Co	2,	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Louis Digore (Address)	nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place rouge rurying for	te #/// 1935	Manner of injury
19. UNDERTAKER LES W. J.	Cahenare	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO 4/1/ , 1934 Gerrer	la B. awso.	(Signed) Lunga Carellina M.  (Address) Musson M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


4 to 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
infor stat UPA	1. PLACE OF DEATH	(9)		
( )	County Somersot	Registration Dist. No. 260		
she of	Village or City Itin cass Anna	NDSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)		
C yra	Length of residence in city or town where death occurredyrs,mos	ds How long in U.S. if of foreign hirth? yrs,mosds,		
CAB. Every PHYSICIANS	2. FULL NAME Jeadyo Viatta 17	o ana		
RD. YSIG	(a) Residence: No.	St., Ward.		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
4 2	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
LY	OR DIVORCED (write the word)	(Month) (Day) (Year)		
ANA	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  The state of the stat	22. t HEREBY CERTIFY. That I attended deceased from		
BINI ERM EXA class	Q 7 34			
BJ PE PE I E	6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 12:20 hm.		
FOR B. IS A PE stated E properly certificate	8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
F(Starter)	8 Trade profession or particular	were as follows: Date of onset		
HIS be be of	Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  J. Industry was done as SII K MILI	(e) Rooping Sough 8/20/8		
RVF C_T ould may back				
	SAW MILL, BANK, etc			
RESH NG INJ AGE sl that it	this occupation (month and spent in this occupation			
2 4 - 9	12. BIRTHPLACE (city or town) Prince ass Amma	Other Contributory Causes of importance:		
	(State or country)	Bromeho- Programania 4/15/15		
[ARGI] UNFAD upplied. terms, se instruc	I 13. NAME Iderbert A Ideans			
7 5 7 6	14. BIRTHPLACE (city or town) Princes Anne	Name of operation Date of		
	(State of county)	What test confirmed diagnosis?		
	15. MAIDEN NAME Stadys Hay wards  16. BIRTHPLACE (city or town) Com Huille	23. If death was due to external causes (VIOLENCE) fill in also the following:		
and at a	0 16. BIRTHPLACE (city or town) COO HUILLE	Accident, suicide, or homicide? Date of Injury, 19		
ALY, d be ca DEATH y import	(State or country) To ary laud	Where did injury occur? (Specify city or town, county and State)		
	17. INFORMANT Herbert A. Hoane	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
PLA hould OF D	(Address) Princes #700	Manage of Liver		
E S E S I S I S I S I S I S I S I S I S	Place arrice pate 4=19, 1934	Manner of Injury		
WALTION CAUSI	19. UNDERTAKER Williams Junes	24. Was disease or injury In any way related to occupation of deceased?		
ž d	(Address) 7 / Breast St Principal	If so, specify		
» × (T)	20, FILED aps. 19, 1935 J Junty and	(Signed) Oldon Al Moman M. D.  (Address) Princeso Change M. D.		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU X			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1,		

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH		1 1/1/11			
County Some	rset			Registration Dist. No. 2-70	
Village or City Cr		14 R	J.b-	No. St.	Ward
			(1	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	
2. FULL NAME JO	hn L	Hand	14		
(a) Residence: No. 27	7 arii	TETS (Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OF	RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH , (9 , 193 c) (Ye (Month) (Day) (Ye	o
5a. If married, widowed, or divorced HUSBAND ot					
(or) WIFE of Em	ma t	dandy		22. I HEREBY CERTIFY, That I attended decease	
				I last saw h. Long alive on Opp. 19 14; death	
7. AGE Years	Months	Days	1861	to have occurred on the date stated above, at 2100 A.m.	13 Said
42	Inolitis .	T T	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
/3	B	1	ormin.	were as tellaws:	lonset
8. Trade, profession, or particular kind of work done, es S SAWYER, BOOKKEEPER,	PINNER,	Farme	· -		
9. Industry or business in whi	ch		e.l	Essectial Stypertergen 7.40	260.99
work was done, as SILK SAW MILL, BANK, etc	MILL,			Chelital liguralling e post	18153
10. Date deceased last worked this occupation (month e year)	at	II. Total ti spen occu	me (years) It in this life	/	
12. BIRTHPLACE (city or town)	Cris	field		Other Coutributory Causes of importance:	
(State or country)	-	11	Wq		
13. NAME  14. BIRTHPLACE (city or town).	1911	Han			
14. BIRTHPLACE (city or town).	Cr	isfield	J	Name of operation Date of	
(State of country)			Md	What test confirmed diagnosis? Clausel Was there an autopsy?	2119-
15. MAIDEN NAME E 77	5 m	Holla	nd	23. It death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME E 77  16. BIRTHPLACE (city or town).		risfie	19	Accident, suicide, or homicide? Date of injury, 19	
∑ (State or country)			Wq	Where did injury occur?	
17. INFORMANT E 772 7		Hand	·	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMO	Tayi			Manage of Jaliana	
Place Marine's Co	m	DataCeficil	21 ,19.33	Manner of injury	
19. UNDERTAKER form. (Address)	a Z	Bradeh	au	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Cofu 24, 193	5/6	Elev	elius Rezistrar.	(Signed) S. 111. Pay ton (Address) Cus Full. hid	. M. D.
	76	11-1-			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PIIYSICIAN
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V. S. No. H

	STATE	OF MARYLAND—CERTIFICATE OF DEATH	
E OF	DEATH		

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Smelerset	Registration Dist. No. 2 60
Village or City Trinces Ilund	NoSt.,Ward
THE STATE OF THE S	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME JUSTICE TO THE	cual.
(a) Residence. No. Assults (Sure of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Augusta Thayman	22. THEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Lela, 11/186/	I last saw h. I. Malive on Arch & 6 ., 198 5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. m.
74 2 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Generalized articles Oate of onset
SAWYER, BOOKKEEPER, etc.	of deletines
work was done, as SILK MILL, SAW MILL, BANK, etc	Crewill affer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  1929  II. Total time (years) spent in this occupation.	
5/.//	Other Contributory Cances of Importance:
12. BIRTHPLACE (city or town) Man Bull	acute ( dunalistic 4/2)
(State or country) Mary land	Duration: not stated Cuff.
13. NAME / from A Hayman	37
4 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What lest confirmed diagnosis?
# 15. MAIDEN NAME Levania Figgs	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Marylane	Where did injury occur?
17. INFORMANT Mys Augusta Bayenas.	(Specify city or to we, county and State) Specify whether injury occurred in INDUSTRY, in HONE, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Trucies Clive Date Charl 28, 1935	Nature of injury
19. UNDERTAKER Dale Daspiell	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Chucus and	If so, specify
20. FILED 4 - 27 1935 ) (drutte	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	MARTLAND	CERTIFICATE OF DEATH
County Somerset		Registration Dist. No. 260
Village or City 1710685		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME & TTO	Lea 19ina	A Company of the Comp
(a) Residence; No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 Col (	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH  Abril 23 193 5- (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTII (month, day, and year)	1 83 35	Hest sew half after on Success 19 deeth is sein
7. AGE Years Months	Oays  If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATII and roleted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Dateviolet
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked et this occupetion (month and yeer)	11. Totel time (years) spent in this occupetion	Still born Infant
12. BIRTHPLACE (city or town). Pines (State or country)	1 0	Other Contributory Causes of importence:
13. NAME Charles / &	1. Johnson	
14. BIRTHPLACE (city or town) Still (State or country)	Pond	Name of operetion Oate of Was there en eu opsy?
15. MAIDEN NAME Becklab /8	3. Hing	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Becelah 18 16. BIRTHPLACE (city or town) Prince (State or country)	ess Anne	Accident, suicide, or homicide?
17. INFORMANT Beulah El.	Tohnsea	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place IS Alary Constitute Or	ate april 249 & 5	Menner of injury
19. UNDERTAKER James & Des (Address) Manieux a	mis And	24. Was disease or injury In any way related to occupetion of deceased?
20, FILED 4-24, 19 35	Auth Registrar.	(Signed) Dean A. orthogram M. (Address) Prince Con Control M.
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
A RIPPALLY S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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item	sho	of (	1
RD. Every	YSICIANS	statement	
RECO	Y. PH	Exact	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	be	Jo
NK-T	should	it may	n back
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UNFAI	upplied.	terms,	e instru
TIL	lly su	olain	See
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PLAI	pluods	OF DE	very in
-WRITE	mation :	CAUSE	TION is

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	- 4	150			

1. PLACE OF DEATH	(115-2)
County Somerset	Registration Dist. No. 2
Village or City Locomoke City	No. R.F. D. # 1. Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 34 yrsmo	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Granville S. Long	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR PIVORCED, (write the word) Married Married	21. DATE OF DEATH POCOMOKe City April 19th., 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Long	1 HEREBY CERTIFY That I, attanded deceased from
6. DATE OF BIRTH (month, day, and year) Date not known.	last saw h Lean alive on Abril 13, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 8 . 4 0 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Laborer in Boat SAWYER, BOOKKEEPER, etc. Building.  SAWYER, BOOKKEEPER, etc. Building.  SAWYER, BOOKKEEPER, etc. Building.  10. Date deceased last worked at ug. this occupation (month and) 934.  11. Total time (years) spent in this occupation.	artenselessy Jas
12. BIRTHPLACE (city or town) IOQQMOKe City (State or country)	Other Contributory Causes of importance:
13. NAME Henry Long 14. BIRTHPLACE (city or town) ROCOMOKe City.	Standard Burrey
L. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary A. Dickinson 16. BIRTHPLACE (city or town). Rocomoke City,	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) ROCOMOKE City, (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lena Long (Address) Focomoke City, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place ocorobe - City Jd Date pr - 22 rd - 1935	Manner of Injury
19. UNDERTAKER COMORE Steverson (Address) FOCOMORE City, Naryland. 20. FILED Apra 2, 1936 Mrs. Samuel Scott	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)
Registrar.	(Address) & Regunsta City My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
/ BUREALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	PLACE	OF DEA	TH	,		
	County_	Dun	4719	1		
Vil	llage or Cit	JULI NAME	lante	Mas (No	201	Max
-	PERSO	NAL AND	STATIST	ICAL PA	RTICU	LARS
3 5	SEX	4 COLOR	OR RACE	5 SINGLE MARRIE WIDOW OR DIV (Write th	ED. ORCED ne word)	down
6 1	DATE OF BI					1873
		Exa	et mo	nch t	day	ezulsun
-			(Month)	(Γ	Day)	(Year)
7 /	AGE	62 yrs		mos.	da.	If LESS than I day hrs
_ v	vhich emplo	yed or (empl	oyer)	Isla	-d	9~~/
	10 NAME (		Karde		les	4
ENTS	OF FATI	HER or country)	mit		slor	ad
PARE	12 MAIDE	HER (	Sarah	Evo	ns	
	13 BIRTHP OF MOT (State o		Im	ith f	Isla	me
14	THE ABOVE		^		NOWLE	DGE
	(Informan	, Ina	rung	A		
	(Add	ress)	Ly	lerton	Yn	d
15	Filed Rri	13 1	925 Ca	nriet	Ket	Registrar

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 266

St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFIC	LAIL	F DEATH	
16 DATE OF DEATH apri	0/	3	19835
(Mont	h)	(Day)	(Year)
17 I HEREBY CERTIFY, Th	at I atte	nded the de	ceased from
192 to	Up	26,10	19233
that I last saw h  alive on	a	brill	0, 19235.
and that death occurred on the dat	e stated	above, at	2. Q. m
The CAUSE OF DEATH * was as fol	lower		
Alimas -	Ha	emos	TAPE
Ohron	ries !	J.B.	
(Duratio	n) /1.0	to Ros	www.
Contributory Secondary	- G	repp	
(Duratio	n)	n	nosds
(Signed)	Mr. F.	o tout	
4//3 / 1923 (Address)			
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, of Inju	or, in des	ths from Whether
18 LENGTH OF RESIDENCE (For	Hospits	de, Institut	iens, Trans
ients or Recent Residents)			
At place of deathyrsds.	In the State,	yrs	mosde
Where was disease contracted, if not at place of death?			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Former or usual residence			~ 0 0 d~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE OF BURIAL OR REMOVA	ly	Ofil 19	BURIAL . 19.3
20 UN DERTAKER		ADDRES	0

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons enetc., For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal minc, ctc. Womsingle word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronelopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitual nephritis, Committee on Nomenclature of the Chronic valvular heart disease, etc. The Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
D FOR BINDING	IS IS A PERMANENT	e stated EXACTL	e properly classified.	f certificate.
MARGIN RESERVED FOR BINDING	VITH UNFADING INK-THI	'ully supplied. AGE should be	plain terms, so that it may be	TION is very important. See instructions on back of certificate.
1	-WRITE PLAINLY, W	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE OF MAR	RYLAND-CERTH	FICALE	OF	DEAL
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1. PLACE OF				[3]	JX447
County Sc	merset			Registration Dist. No. 2	4
Village or C	ity West	over		No. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
	dence in city or town where	death occurred 5	2 yrs 7 mos	s. 24. ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NA	ME	ade lite	· D		
(a) Residen	ce: No.	estover-	of abode)	St., Ward.  If nonresident give city or Iown	and State
PERSON	IAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
S. SEX  F  4. COLOR OR RACE COL S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)				21. DATE OF DEATH  (Month) 2 9  (Month) (Day)	, 193 <b>.5</b>
a. If married, widow HUSBAND of (or) WIFE of		lbart Mi	les	22. I HEREBY CERTIFY, That I attend  22. 1935, to april 29	led deceased from
	(month, day, and year)	Oct 5	1882	I last saw her alive on after 28 ,193	25.; death is said
52	Months 7	Days 24	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atAm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
kind of w SAWYER,	ssion, or particular vork done, es SPINNER, BOOKKEEPER, etc	Housewo	rk	Cent De John John Vernerloge.	Date of onset
10. Date decease	business in which s done, as StLK MILL, L, BANK, etc	11. Total ti	me (years)	Ceuland Hermonlogo.	او ۱۲ دم
year)	pation (month and 1.	0000	ntin this apation	Other Contributory Causes of importance:	
12. BIRTHPLACE (cit (State or cour		Mg		Chomo Int resents	
13. NAME	Scott Re	dding		Closus Imandelt	
14. BIRTHPLACE	(city or town)	Pocomoke		Name of operation Date o	
(State or			Md	What test confirmed diagnosis?	
15. MAIDEN NA	ME Annie	Collins		23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE	(city or lown)	restove	r	Accident, suicide, or homicide? Date of injury Where did injury occur?	
7. INFORMANT	Talbart Mi	les Westo	ver Md	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMAT	tover Cem			Manner of injury	
9. UNDERTAKER	tom a Bi	adsh	n d	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILED M.		C.E.Cel	Registrar.	(Signed) Linge Coulhum (Address) marion mo	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	54-1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD. Every item of info	CTLY	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	
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Z Z	pe	be	Jo.
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DING	AG	so th	ctions
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W.K	natic	CAU	TOL

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	4			
IJ	1	4	1	8

1. PLACE OF DEATH  County Somerset			Parietration Nick No. 27		
Village or City N Crisfic		(1)	Registration Dist. No.  No.  St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  s. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.  St., Ward.  If nonresident give city or town and State		
2. FULL NAME Robert					
PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED.	21. DATE OF DEATH  (Month)  (Day)  (Yaa)		
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	usie Mil	es	22. I HEREBY CERTIFY, That I attended daceasad from april 25 1935 to Sul 25 1985		
6. DATE OF BIRTH (month, day, and year)	April 1	1893	I last saw h aliva on gal 20 19 death is said		
7. AGE Years Months	Days 24	If LESS than f day,hrs.	to have occurred on the date stated above, at		
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mercha	ntmin.	wera as follows:  Octobal Hosmuloge.  Date of one 207-		
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	2h21	ime (years) nt in this 7	Other Contributory Causes of importance:		
(State or country)	Dor.		Clima uncarali		
14. BIRTHPLACE (city or town)(State or country)	Pairmo	unt M <del>d</del>	Name of operation		
16. BIRTHPLACE (city or town) (State or country)	Mari Mari Miles	on Md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?		
18. BURIAL, CREMATION, OR REMOVAL (Princess	inne Apr	il 28u35	Manner of injury		
19. UNDERTAKER John A-Brace (Addiess)	isfield	Md Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, spacify (Signed) (Address) M. D. (Address) M. D.		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# MARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK-THIS

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

stated EXACTLY. properly classified.

AGE should be

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA.

1. PLACE OF DEATH	03419
county omerset	Registration Dist. No. 26/
Village or City Kingston	No. St., Ward
a	If death occurred in a hospital or institution, give its NAME instead of street and number)
1: 2 6	os. 6 ds How long in U.S. if of foreign birth? yrs,mos ds.
2. FULL NAME Helen Trene Page	
(a) Residence: No. / Kungslow M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (was the word)  Surgle	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
01 0 162 16	april 26, 19 35, 10 april 27 1935
6. DATE OF BIRTH (month, day, end year) July 21 /93 )	I last saw h. L. aliva on Office 26 , 19 9 3; death is said
7. AGE Yeers Months Days If LESS than 1 dey,hrs	to have occurred on the dete stated above, at \( \frac{1}{2} \sqrt{6} \extit{P}_{2m} \)
9 6 I dey,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date decesed last worked et this occupation (month and spent in this securation (month and spent in this securation).	and Del of Hent.
9 Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, atc	
this occupation (month and spent in this occupation occupation	
Winnesta	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Caracter (Stata or country)	Brimary Cles Millians Sid not receive
	- Las on conflication or some
E	- Settle-
[ 14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis? Was there an autopsy?
I	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
Vacan Pitt Prose	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) / Lingston 97 C	Specify whether injury occurred in Industria, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jawsonia Com Data Cefrul 18, 193	Neture of injury
19. UNDERTAKER John aldrodstran	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Confield Ind	If so, spacify
20. FILED 4/27 1935 Quelia Porawson	(Signed) Levry Culling M. D.
Registrar.	(Address) mullon mul

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. g				
Other contributory causes of importance:	;	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	180		
1. PLACE OF DEATH	PRORATE LIMITS OF 119	~ ~		
County Concession WITHIN CO	Registration Dist. No.			
Village or City Mafula	No. 146 S. 4 ths St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward Ward		
	. 2) ds. How long in U.S. if of foreign birth? yrs mo			
2. FULL NAME armenta Combine	Ly,			
(a) Residence: No. 1465, 4 De 34-	ct., Ward.			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	State		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
Tensle Colored OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)		
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended (	deceased from		
(or) WIFE of	april 3 1935 to april 3	19.3.3		
6. DATE OF BIRTH (month, day, and year) aug. 10, 934	Hast saw her alive on Coping 3 1 19	; death Is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:30 1m.			
7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
SAWYER, BOOKKEEPER, etc.	Uneman	ary.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	· A ·	1944		
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	acute gastriles; meaning/	C/2 3		
12. BIRTHPLACE (city or town) Crisfield, Mil.	Other Contributary Cause of importance:	1934		
(State or country)	Duration: a fam hours.			
14. BIRTHPLAC (city or town) Cherolan Va	υ			
14. BIRTHPLAK (city or town) (State or country)	Name of operation			
15. MAIDEN NAME Estellia M. Pentines	What test confirmed diagnosis? Was there an ai  23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIOEN NAME Estellis M. Pentines  16. BIRTHPLACE (city or town) Crufield Ind.  (State or country)	Accident, suicide, or homicide? Date of Injury			
Colate of Country)	Where did injury occur? (Specify city or town, county and State	2)		
17. INFORMANT (Address) (1446 S. 44 Ch. Preshall	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	CE,		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Law & omalim Date Mu 4 , 1933	Nature of injury			
19. UNDERTAKER JOHN A Bradstam	24. Was disease or injury in any way related to occupation of deceased? . \	N		
(Address) Crustilly and	If so, specify			
20. FILED April, 1955 & Eleveline	(Signed) 14 of tarkther	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
( Source Aed	Registration Dist. No. 270
County	
Village or City Creffeld 17. Tr. 27	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	ds How long in U.S. if of foreign birth?mosds.
2. FULL NAME OMICE A PERGEN	6
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	A
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Sexual While OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thankling V. Roggin	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct, 12 (1876	I last saw her alive on Pul 20, 1935, daath is said
7. AGE Years Months Days IT LESS than	to have occurred on the date stated abova, at
5-9 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_   8. Trade, profession, or particular	General arterio School Date of onsot
o Have, profession, on particular with the kind of work done, as SPINNER, Archivery SAWYER, BOOKKEEPER, etc.	Mancard itis: Chronic. One
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,	Marindiles
SAW MILL, BANK, etc.	acuto Cardina
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	Dialetotion
Birlield 10	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Chronic anyoner detre . Durotion: not stated.
	- Jamber Jossibly due to gall-stones.
13. NAME NOVELT M. Sterling  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
15. MAIDEN NAME Margaret A. Nelson	What test confirmed diagnosis?
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury
State or country)	Where did injury occur?
17. INFORMANT Mur. Nelsie Pine,	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place ashing lengling Octo/May 3 7, 1935	Nature of injury
1010	
19. UNDERTAKER AUGUSTA	24. Was diverse or injury in Ameliacy felated to occupation of deceased?  If so, section
20. FILEO. afor 37, 1935 - le & le all	(Signad) (Signad) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEATH
SIAIL	OF	MAKIL	AND -	CENTILL	CAIL		DEAIL

08432

1. PLACE OF DEA	TH	)			
County 50	uerset	g	WHITHIN CO	DRPORATE LIMITS O'Registration	Dist. No. 2 65
Village or City	Crista	ield.	Attitud Oc	No.	St., Ward
				death occurred in a horpital or institution, give its NAM	E instead of street and number)
Length of residence in		. /	yrsZmos		yrs mosds.
2. FULL NAME	vous	2 se	sibre	pod Correction	
(a) Residence: No.	Crist	ruck		St., Ward.	
PERSONAL AI	ND STATIST	(Usual place		MEDICAL CERTIFICATI	t give city or lown and Stale
	OR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	,
Male a	01		D (write the word)	april	6 193 73 5
5a. If married, widowed, or div	vorced	1	796	(Month)	(Oay) (Year)
HUSBAND of (or) WIFE ot				22. I HEREBY CERTIF	Y, That I attended deceased from
				Moush 30 ,193 5, to	, 19
6. DATE OF BIRTH (month, d	ay, and year)	gune :	27,1934	I last saw have alive on 3 - 3.0	, 193 5; death is said
7. AGE Years	Months	U Days	If LESS than	to have occurred on the date stated above, at 9	
	9	9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	
8 Trade profession or particular				Dearrheat entirit	Date of onset 3-20-3
9 Industry or business	in which				
CAW MILL DAMY	SILK MILL, , etc				
10. Date deceased last worked at this occupation (month and spent in this			ime (years)		
year)		occ	upation		
12. BIRTHPLACE (city or town (State or country)	) Curis	freld	nul	Other Contributory Causes of importance:	
1		/ /	-		
13. NAME 14. BIRTHPLACE (city or sountry)	slund	saoro	7		
14. BIRTHPLACE (city or	town)	10-		Name ot operetion	Oate ot
(Stete of Country)		1		Whet test confirmed diagnosis?	Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or 1)  (State or country)	usil ,	onx		23. If death was due to external causes (VIOLENCE) f	ill in also the tollowing:
16. BIRTHPLACE (city or 1	town)	n.Q.		Accident, suicide, or homicide?	Date of injury, 19
(State or country)	//	0	7	Where did injury occur?	t town, county and State)
17. INFORMANT (Address)	eston ?	Scarl	ber	Specify whether injury occurred in INOUSTRY, in HO	OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR				Manner of injury	
Place Jaws	orua Ce	woate up	cil 9, 19.35	Nature of Injury	
19. UNDERTAKER	tue a	Brad	Shaw	24. Was disease or injury in any way related to occur	pation of deceased?
(Address)	respie	a ma	e.	If so, specity	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20. FILED Offer 8	1930 10	& low	lus	(Signed) Si Ulyonan	K-022
Ne Harris	**		Registrar.	(Address) . Crus fre	es Mes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

205 Hond St.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

03453		Œ.			
1 X / 2 45 5 5	10	8			
	11.	X.		94	

1. PLACE OF DEATH  County Somerset		D-		gistration Dist. No	270
Village or City Crisfield McCre  Length of residence in city or town where death occurred	ady remo	death occurred is	n a hospital or institution, give	e its NAME instead	St., War of street and number)
2. FULL NAME Reginald Schoff (a) Residence: No. Broadway (Usual place o	stall	St.,	Ward.	nonresident give, city	
PERSONAL AND STATISTICAL PARTIC	CULARS		MEDICAL CERTIF		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR	1ED. WIDOWED. (write the word)	21. DATE	OF DEATH	. 2	7 , 193.5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None	10.45	27. Cf.:	HEREBY CE	RTIFY, That	l attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 20	If LESS than 1 day,hrs. ormin.		ed on the date stated above, AL CAUSE OF DEATH and revs:	at 5:30 P.m.	ortance
	ne (years) Lin this pation	3/4	Il oft	e sin	1)
12. BIRTHPLACE (city or town) Crisfield (State or country)		Other Contrib	utory Causes of importance:		
13. NAME Marlyn Schoffstall 14. BIRTHPLACE (city or town) (State or country)	Pa	Name of opera	ition	· · · · · · · · · · · · · · · · · · ·	
15. MAIDEN NAME Zemobia Mason  16. BIRTHPLACE (city or town) (State or country)  Marlyn Schoffstal  17. INFORMANT (Address)  18. MAIDEN NAME Zemobia Mason  Crisfield	Ld Md	23. If death was Accident, suici Where did inju	ide, or homicide?	LENCE) fill in also Date of in	the following:
18. BURIAL, CREMATION, OR REMOVALLA Date ADA	cil 30-35	wature of inju	0.79	d to occupation of d	eceased? NE
20. FILED Character 1935 Lo Elow  If more blanks are needed, ad	Registrar.	If so, specify. (Signed).	ddress)	NG.	o End

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ACCEPTAGE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s	[		

state OCCUPA 1. PLACE OF DEATH should Registration Dist. No County \_\_\_\_ LEDNILL Village or City Jo O(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_ rnos. \_\_\_ ds. statement RD. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT (Day) (Year) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY ERTIFY. That I attended deceased from (or) WIFE of F certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Months 1 day,\_\_\_\_hrs. or .... min. Data of gnsat 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED be pe Jo back Mindustry or business in which should may work was done, as SILK MILL, SAW MILL, BANK, etc ... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that GE occupation. instructions Other Cautributary Causes of importanco: MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? 1 carefully important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: LO \_\_\_\_\_ Date of injury Accident, suicide, or homicide? 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur?\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very OF Manner of injury -WRITE AUSE mation Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B Registrar. (Address) \_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY,

4 BLACE OF STATE A	CERTIFICATE OF DEATH
1. PLACE OF DEATH	N CORPORATE LIMITS OF.  Registration Dist. No. 165
(4) (1)	negistration bist, no.
Village or City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nos. How tong in U. S. If of foreign birth?
2. FULL NAME Glizabeth 13.	Therlang 1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemas 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Shiel 19th 1935 (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Allhus plenning	22. I HEREBY CERTIFY, That I attended deceased from  19. 19. 2, to Apr. 19. 19.35
DATE OF BIRTH (month, day, and year) Jan 27,1888	Hest can he has alive as and 19 1035 double sold
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 950 mm.
47 2 22 1dayh	mere se followe.
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER BOOKKEFER atc	Essentian Hypertegrasion Sept 173
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Pladustry or business in which work was done as Stilk Mili	Cerebral Henoushage Gg 15!
work was done, as StLK MILL, SAW MtLL, BANK, etc.	J
SAW MtLL, BANK, etc	
2. BIRTHPLACE (city or town) Addlesses	Other Contributory Causes of Importance:
(State or country)	
13. NAME William Nayler,	
13. NAME Milliam Nayler, 14. BIRTHPLACE (city or town) Ballo And	Name of operation Date of
(State or country)	What test confirmed diagnosis? Level Was there an au'opsy? " ?
15. MAIDEN NAME THETEURE HOOKEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Date of injury, 19
M. Mr. D. Made	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MASS THE TOPY (Address) Chisfield, Man	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Vauff Chilleffe Joace N. 1. 22, 1938	Nature of Injury
9. UNDERTAKER & Dawson & Md (Address) Crufield Add	24. Was disease or injury in any wey related to occupation of deceased? Wo
O. FILED. Whi21, 19.35 - le Elealing Registrat,	(Signed) M. D.  (Address) Chialaid, and

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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BINDING FOR RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH bluods County\_\_9 Registration Dist. No. Village or City Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) S Every How long in U.S. it of foreign birth? Length of residence in city or town where death occurred. statement PHYSICIAN 2. FULL NAME CORD. (a) Residence: No (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified 5a. If married, widowed, or divorced **HUSBAND** ot 22. I HEREBY CERTIFY. (or) WIFE of 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at 1 day, .....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance IS min, were as follows 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, etc ... back mindustry or business in which may pluods work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spent in this that occupation \_. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country plain terms. HER FAT See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?\_ OTHER important i. 23. It death was due to external causes (VIOLENCE) fill in also the tollowing Accident, sulcide, or homicide?\_\_\_\_ DEATH 16. BIRTHPLACE (city or town)  $\mathbf{\Xi}$ (State or country) Where did injury occur? .... should be Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury USE mation Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. (Address) \_\_\_\_\_

If nonresident give city or town and State 193 (Year) That I attended deceased from death is said Date of onset \_\_ Was there an autopsy?. (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-E) LIMITS OF
County Somewell WIT	HIN CORPORATE LIMITS OF Registration Dist. No. 265
Village or City Cresfield Ma	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME George Edward Les	el.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Maried  Maried	21. DATE OF DEATH  And 2 mod (1935)  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Lucean A. M. Jule,	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug, 6th 1856	Mer 22 , 1935, 10 april 2 , 1935
6. DATE OF BIRTH (month, day, and year) CMQ, 6 856 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1935; death is said
78 7 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8 Trade profession or particular	Chouse merocarlistis Date of onset
SAWYER, BOOKKEEPER, etc. Harmer,	arteriosclerosis
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) Sources & Mai	
13. NAME George W. Julli	
4. BIRTHPLACE (city or Jown) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Cleaned Was there an autopsy?
# Otto	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17 INFORMANT Herbert Prop	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place M. 1935.	Nature of injury
19. UNDERTAKER A SAUTROGIANDI (Address) Sississed, Add	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ofer 4, 1935 LE Balling Registrar.	(Address) Cris feld, 2nd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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N. B.

20. FILE Spil 28

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
E		1/6
8	County Somerses	Registration Dist. No. 268
5	Village or City Deuls Jaland, Mill	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U. S. if of foreign birth? yrs mos ds.
nen	2. FULL NAME Many Catherine (1)	200 2
statement		Ch Word
sts	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
ıct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
fied	5a. If married, widowed, or divorced HUSBAND of	
classified	(or) WIFE of Jasac Walling	22.   I HEREBY CERTIFY, That I attended deceased from
cla •	10/15	19.25 to 19.05 19 (3.1)
properly certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	I last saw h alive on last said to have occurred on the date stated above, at 4 9 m.
properly	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
pro	8. Trade, profession, or particular	were as follows:
of o	S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	9. Industry or Dusiness in which	the seems much so many
may	SAW MILL BANK etc	
on on	10. Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of importance:
S0 Ictio	12. BIRTHPLACE (city or town) Deal All M	Character mytoroddes for 1933
nst	13. NAME Gli Nallace	
te i	14. BIRTHPLACE (city or town) Decelo Island	Name of operation Date of
ain t See	(State or country) Md	What test confirmed diagnosis? Was there an autopsy?
it p	15. MAIDEN NAME Many Wallace	23. If death was due to external causes (VIOLENCE) fill in also the following:
EATH in p important.	15. MAIDEN NAME May wallace  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury 19
por	(State or country)	Where did injury occur?
AA	17. INFORMANT Sadil Corline (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
USE ON is	Place Pecils Ale Malate 4 195, 1935	Nature of injury
CAUS	7 7 112 4	7/1/3
TI	19. UNDERTAKER T. L. Wellster	24. Was disease or injury in any way related to occupation of deceased?

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Registrar.

(Signed)

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L'Ampie 1		Zixtinpic 11	
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BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state plnods Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement PHYSICIAN CORD. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING classified Sa. It married, widowed, or divorced HUSBANO ot 22. (or) WHFE of 国 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE tf LESS than Months Oavs to have occurred on the date stated above, at the stated The PRINCIPAL CAUSE OF DEATH and related causes of importance \_min. were as toltows: 8. Trade, profession, or particular NO TIIIS RESERVED SAWYER, BOOKKEEPER, WC OCCUPAT may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Coutributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis?. HER important. 1S. MAIDEN NAME 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: OT 16. BIRTHPLACE (city or town Accident, suicide, or homicide? DEATH (State or pourty Where did Injury occur? ... should be Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR Manner of injury mation USI LION Nature of injury 24. Was disease or injury in any way retated to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILEO. Registrar. (Address) \_\_

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registration Dist. No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 36 (Oay) (Year) GERTIFY, That I attended deceased from Date of onset (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	910
County Druesses	Registration Dist. No.
Village or City DAMES QUARTER, MD.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
No. 1 Tall	7
2. FULL NAME / TUME Work Will	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH APR 2 3 1935 (Month) (Day) (Year)
5a. ff married, widowed, or divorced	
HUSBAND OF MORAL CO White	22. I HEREBY CERTIFY, That f attended deceased from
C DATE OF PERTUINATION OF 1861	APR-2-2-1935 19 APR 2 3 1935 19
6. DATE OF BfRTH (month, day, and year) 7. AGE Years Months Days If LESS than	f last sew h; death is said
1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Janes 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and / Q 2 A spant in this 9 )	
year) occupation 2.1.	Other Contributors Canno of importance:
12. BIRTHPLACE (city or town) DAMES QUARTER, MD. (Stete or country)	Hemal Jules 1
WIND DONALL	If erus fleg 19
13. NAME FIME F. WILL	
14. BIRTHPLACE (city or town) AMES QUARTER, MO (State or country)	Name of operation Date of
15. MAIOEN NAME ENGLA Lette HAMMANA	What test confirmed diegnosis? Was there an au'opsy?
I GOLD TON TO WAR	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) AMES QUARTER, MQ. (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
11.00. 11.88.	(Specify city or town, county and State)
17. (Address) DARAGE CHART	Specify whether injury occurred in fNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deanes durale april 26, 1935	Nature of injury
19. UNOERTAKER AZEOL F. J. L.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED april 26, 1935 Ms2 W-S. Kelly Registration	(Signed) (Address) M. D.
	APPARATOR AND AP

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

elated causes Date of onset
1 week ag
1 week ag
3 days ag
tance:
1 year
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

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Y. PHYSICIANS should state Exact statement of OCCUPA.

STATE C	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEATE
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07491

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Jonesel	Registration Dist. No. 248
Village or City Deals Soland, Md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1 1.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Indiana Weite	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 193 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. J. HEREBY CERTIFY. That attanded deceased from
(or) WIFE of Samuel While	april 4 1935 to april 25 1935
6. DATE OF BIRTH (month, day, and year) 1854 march 7	I last saw h. Q. alive on Olfril 25 , 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Date of white
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Qate dacaased last worked at this orequation (month and	Chaire Corres
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Qate dacaased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Deals Island MIL.  (State or country)	Onle Continues y Causes of Importance.
13. NAME Samuel Webster  14. BIRTHPLACE (city or town) Seels Schand Ma.	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Welroter	23. If daath was due to extarnal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. COLLEGE (City or town)	Accidant, suicida, or homicide?Data of injury
∑ (State or country)	Where did injury occur?
17. INFORMANT B. Merstelle	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deals folon Mate april 27, 1935	Natura of injury
19. UNDERTAKER 7. T. Webter (Addrass) Scals False D. M.	24. Was disaase or injury in any way related to occupation of decaased? 72
20. FILED Jul 27., 1935 - Roma Welster. Registrar.	(Signed) M. D. (Address) Alexander M. D.
	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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I UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of o
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WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	nt. See instructions on back of o
WITH UNFADING INK-THIS	refully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of o
T, WITH UNFADING INK-THIS	arefully supplied. AGE should be	H in plain terms, so that it may be	rtant. See instructions on back of o
LY, WITH UNFADING INK-THIS	carefully supplied. AGE should be	TH in plain terms, so that it may be	oortant. See instructions on back of o
ALY, WITH UNFADING INK-THIS	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	aportant. See instructions on back of o
INLY, WITH UNFADING INK-THIS	be carefully supplied. AGE should be	EATH in plain terms, so that it may be	important. See instructions on back of o
AINLY, WITH UNFADING INK-THIS	d be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	important. See instructions on back of o
LAINLY, WITH UNFADING INK-THIS	uld be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	ry important. See instructions on back of o
PLAINLY, WITH UNFADING INK-THIS	ould be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of o
PLAINLY, WITH UNFADING INK-THIS	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of o
HTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	N is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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1. PLACE OF DEATH	102
County Sougrass	Registration Dist. No. 268
Village or City WENONA, MD	No. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign hirth?
2. FULL NAME / MARY While	
(a) Residence: No. / Who the	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH ADD 5 4005
OR DIVORCED (write the word)	AIN 9 1935 193
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (on) WIFE of O	22. I HEREBY CERTIFY Dot attended deceased from
Thirty G. 100 mile	APR 1 1935 19 10 17 3 1935, 19
6. DATE OF BIRTH (month, day, and yeer) Nov 12 1856	I last saw h elive on APR 3 1935 19 ; death is said
7. AGE Years Months Deys If LESS than I dayhrs.	to have occurred on the date stated above, at 5
7 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, Frofession, or particular kind of work done, es SPINNER.	- 2 pro chy - Zuscumous
SAWYER, BDOKKEEPER, etc.	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
(State or country)	Totally blind for 18 uss
13. NAME / Short Bloodswort	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Juna A. Jones	23. If death wes due to external causes (VIDLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≤ (State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT 4 mil Wefisher	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Wilson	
18. BURIAL, CREMATION, OR REMOVAL  Place Park 7, 1925	Manner of injury
Place Date Date ,,19-23	Nature of Injury
19. UNDERTAKER AT THE STATE OF	24. Was disease or injury In any way related to occupation of deceased?
(Address) Alus Sales Tills	If so, specify
20, FILEO Upv. 6, 19 38 Of tra Welsley	(Signed) (Signed) M.D.
Registrar.	(Address) — El-Manel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	
	County Societach	Registration Dist. No.
Houd /	Village or City Oreal	NoSt.,Ward
y ite		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign hirth?
AN An nen	2. FULL NAME Glaria Wille	
E E		SIZ Ward.
YS str	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PF PF xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RELY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word)	21. DATE OF DEATH  (Month Sel (Day) 7 7, 193 5  (West)
LE NEW YEAR	5a. If married, widowed, or divorced HUSBAND-of	
A (A)	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Office 19, 193 S to Office 27, 19 8
SR STR	6. DATE OF BIRTH (month, day, and year) Feb 7-1934	Hast saw h. E. V. alive on Oferel 268, 1931; death Is said
IS A PE stated E properly certificate.	7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at 12130m.
IS A I stated properlectifical	1 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
***	8. Trade, profession, or particular kind of work done, as SPINNER,	Dioreclical Income 4/19
HIS he be be of	SAWYER, BOOKKEEPER, etc.	7 1/10
may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
INK She she t it 1	O 10. Date deceased last worked at 11. Total time (years) spant in this	
- 17	year) occupation (month and	Other Contributory Sauses of importances
N KI DING AGI so tha ctions	12. BIRTHPLACE (city or town)	Megine Cercy 3/20
AD 'AD ed. is, s	(State or county)	
ARGI NFAI pplied. erms, instru	13. NAME of desley quelso	
H U sul	14. BIRTHPLACE (city or town)	Name of operation Oate of
III.	(State of county)	What test confirmed diagnosis?there an au'opsy?
W wiefu	15. MAIOEN NAME CLUB WOlley	23. If death was due to external causes (VIOLENCE) fill In also the following:
car rin	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
LY, W be carefu EATH in important	(; 11).00.'V	Where did injury occur?  (Specify the or to the public place)  Specify whether injury occurred in INDUSTRY, in TIPME or it Public PLACE.
PIDA	17. INFORMANT (Address)	Specify whether injury occurred in industria, in above of the specific spec
Fe7 70 100	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE	Place Date 7 28, 19 35	Nature of injury
CAUS	19, UNDERTAKER & Steelsland	24. Was disease or injury in any way related to occupation of deceased?
TAOF	(Address) Le Do Del De	If so, specify
m (T)	20 FILED apr 28 19 35 mg & Bomit	(Signed) Les Olluce M. D.
7	Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU-VA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year